

SEVENTEENTH REPORT
OF THE
LUNACY COMMISSION
TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND.

DECEMBER 1, 1902.



BALTIMORE:
PRESS OF JAMES YOUNG,
N. E. Corner Baltimore and North Streets.
1903.

SEVENTEENTH REPORT

OF THE

LUNACY COMMISSION

Owing to the critical illness of the President of the Commission, Dr. John Morris, the report has been somewhat delayed, and the usual report by the President has of necessity been omitted.* Delay has also been occasioned, as is always the case by the tardiness of many of the county almshouses in sending in their reports. In regard to the accounts of the larger institutions it may be said that since we do not have State care, each institution makes a full individual report, and hence the Lunacy Commission merely notices the work of these institutions briefly. Anyone wishing a full report from any of these institutions can obtain such by applying either to the Institution or to the Secretary of this Commission. While the statistics of the larger institutions are accurate, it must be said that the statistics from the almshouses cannot be absolutely relied upon.

*The death of Dr. Morris occurred while this Report was in press.



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THE LUNACY COMMISSION

State of Maryland.

PRESIDENT :

JOHN MORRIS, M. D.
BALTIMORE, MD.

THOMAS S. LATIMER, M. D.,
BALTIMORE, MD.

I. E. ATKINSON, M. D.,
BALTIMORE, MD.

C. W. WAINWRIGHT, M. D.,
PRINCESS ANNE, SOMERSET COUNTY, MD.

ATTORNEY-GENERAL :
ISIDOR RAYNER,
BALTIMORE, MD.

SECRETARY OF THE COMMISSION :
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OFFICE OF THE COMMISSION :
819 NORTH CHARLES STREET, BALTIMORE, MD.

SEVENTEENTH REPORT
OF THE
LUNACY COMMISSION.

REPORT OF THE SECRETARY.

To the Members of the Lunacy Commission :

GENTLEMEN—I have the honor to submit the following report :

GENERAL CONDITION OF THE INSANE
IN THE STATE.

As has been frequently noted in the reports made to your Honorable Body by your Secretary, little that is new can be said concerning the general condition of the Insane in the State. No new laws have been enacted, the powers of the Lunacy Commission remain practically only advisory, and few changes have been made in the care of the insane by the counties.

It is a matter of congratulation that in very few of the county almshouses are to be found cases of acute insanity, or cases requiring hospital care. At the same time it must be said that the accommodations for the chronic cases are in many instances wholly inadequate. This is especially true as regards the negro insane. With the exception of the large institutions, little or no attention is paid to the very important matters of employment and entertainment of the patients. Too much stress cannot be laid on the

fact that the insane are not criminals and dangerous people to be guarded and confined, but are sick persons to be treated. As has been so abundantly shown by innumerable statistical reports, the most potent influences for good in the treatment of the diseased brain is suitable occupation for the body. It is almost as illogical to send a case of acute insanity to a county almshouse, as it would be to send there an acute medical or surgical case. There can be no doubt of the fact that when the people of this State become fully alive to the great needs of the insane, better conditions will prevail. This much may be said—the insane in Maryland are cared for as well as the facilities afforded permit. The fault lies not with the superintendents and physicians, but in the fact that the State and counties do not provide the means for bettering the conditions. The Secretary has found a few insane persons in county jails, but in most instances the detention is merely temporary, until removal to an asylum or hospital for the insane can be effected. To this statement, however, one most remarkable exception must be made. In one of the county jails there is an insane man who is said to have been a prisoner for more than thirty years. The reports of the Lunacy Commission will show many requests to have this case removed, thus forcibly illustrating the urgent necessity for granting the Commission wider powers.

The insane in Maryland are cared for in four different classes of institutions, namely, State and City Hospitals, County Asylums, County Almshouses and Private and Corporate Institutions.

STATE AND CITY INSTITUTIONS.

No argument that could be advanced could add more weight to the idea of State care than a glance

at our City and State Institutions. Spring Grove and Springfield are models of their kind. The former adapted to the care of the more acute cases, the latter for chronic cases. It is to be regretted that Bay View, the City Asylum, is not dispensed with. It is manifestly improper to attempt to care for the City paupers and the City insane under the same management. Either the City should maintain a separate asylum for its insane, apart from the almshouse, or what would be far better, acquiesce in the plan of State care. If our two State Hospitals, Spring Grove and Springfield were enlarged, the insane of the State could be cared for in a far better manner, and really at lower cost than under the present system.

PRIVATE AND CORPORATE INSTITUTIONS.

This State is particularly fortunate in having located within its borders such a large number of corporate and private hospitals for the care of the insane.

These institutions are ample for the accomodation of all those cases in our own State desiring private care, and in addition secure a large number of cases from other States. These private institutions come under the jurisdiction of the Lunacy Commission, and are inspected as regularly and as thoroughly as the public hospitals.

In point of equipment they are, with one exception, first class, and the management is excellent.

COUNTY ASYLUMS.

A distinction must be drawn between the county asylums and the county almshouses. In four or five of the counties of the State separate buildings have been erected for the care of the insane, apart from the paupers. In most cases the buildings are unwisely

constructed. They are divided up too much into small rooms, having very inadequate space for the recreation of the patients. The closet and bathing facilities are meagre, ventilation often poor, the equipment far below what it should be, and a general air of gloominess prevalent. The contrast is very striking between these wards and some of those of our State institutions, where the bright corridors, flowers, pictures and comfortable furniture adds cheerfulness to the surroundings of the unfortunate inmates.

As has been said in former reports, these institutions illustrate very clearly the fact that the counties, with their limited means, should not attempt to care for their acute or sub-acute cases of mental disease. In no instance is there a resident medical officer, and the Superintendent's office is a political one, subject to change with every change in politics in the county. In almost every instance these asylums are over-crowded, no classification of patients is attempted, the number of attendants is utterly inadequate and the patients are given no systematic employment. The Superintendent of one of these asylums told the Secretary recently that he had never had as little trouble with his patients, nor had he ever known them to be so healthy as they were this autumn. The reason he said was, that, owing to the scarcity of coal, he had employed all who could work in getting a supply of wood for the winter. What better argument could be advanced to show the beneficial effect of employment? Little is done in the way of treatment, the dominant idea being custodial care. The day has, fortunately, passed when the insane are simply confined as prisoners, and these institutions belong to the old era. We have in the State over three hundred insane persons in these county asylums. The superintendents, as has been

said, are entirely without training in the management of the insane, and the same may be said in general of the attendants. It is true that a physician visits these institutions, but he is in every instance a general practitioner who cannot be supposed to keep in touch with modern methods of the treatment of the insane. Enough has been said to show how very much better it would be for these unfortunates if they were in a State institution, where they could receive the best possible care.

This criticism of the county asylums is intensified by the fact that several of them not only care for the insane of the county, but take a considerable number of patients from other counties for which they receive pay. It must in justice be said, that the officers of these institutions do their best, but the appropriations granted by the counties are utterly inadequate to properly equip or conduct a modern hospital for the care and treatment of the insane.

Without intending to make this criticism harsh, it must be said with all deference, that the worst feature in the care of the insane in our State is the county asylum. In the almshouses there are now very few cases that require hospital care. The majority of the insane in the almshouses are idiots and demented. In the county asylums on the other hand are many cases of acute and sub-acute insanity that demand careful treatment. As has been said above, it is simply impossible for any county to properly equip and conduct a hospital for the insane.

Unfortunately the question of cost always arises; we must keep in mind that the cost of living is steadily increasing, and should not try to force the per capita of the defenseless insane down to the lowest possible figure. It is by no means to the credit of any county

to have a very low rate for the support of the insane. On the contrary, liberal appropriation is an evidence of the appreciation of the duty of the citizens of the county towards this most unfortunate class. The evidence in favor of State care would seem absolutely convincing; it is infinitely better than the counties can afford, it is far more humane, it offers a greater chance for recovery to the patients, and in the long run is more economical.

COUNTY ALMSHOUSE.

The question of the care of the pauper class does not come within the jurisdiction of the Lunacy Commission. At the same time the paupers and insane are grouped together in many of our counties. That this is improper, everyone will admit. The Secretary recently visited an almshouse and found seven persons—five females and two males—confined in a room 15 feet by 15 feet. A very respectable colored woman, who was blind, said: “Dr. Preston, I do not think that it is right that I, who have been a hard-working woman until I lost my eyesight, should be put in a room with these insane people, two of whom are men.”

To quote from the last report: “These institutions are for the most part badly adapted for the purpose to which they are put, and in no instance are they suitable for the reception of insane patients. The buildings are, with one or two exceptions old houses, which have been added to from time to time, and are, generally speaking, in very bad repair. The superintendent is appointed through political influence, and has, of course, had no training in the management of cases of mental disease. Nearly all of these institutions are located at a considerable distance from the

county seat, and are unavailable as hospitals for acute cases. Usually there is a farm of from one to several hundred acres, the 'poor farm,' and the superintendent devotes his time and energy to agriculture rather than to the care of the persons committed to his charge. If we must have almshouses, it would be far better to have them near the county town, where they could be utilized as hospitals for acute diseases, as well as asylums for paupers. It almost goes without saying that such institutions are utterly unfit for the care of the insane. With the superintendent cumbered with the care of a farm, and in hardly any instance being provided with an attendant, the insane are left to their own devices. It is, however, gratifying that the cases of acute insanity are much more promptly removed to State institutions than formerly; that mechanical restraint is more infrequent than in past years; that the separation of the sexes is more rigidly enforced, and that the general condition of these institutions has improved. It is hoped that in the near future no distinctly insane persons will be found in the county almshouses."

STATE CARE OF THE INSANE.

There can be no doubt of the fact that there is a growing sentiment in this State for State care of the insane. Five or six counties send all their insane to the State institutions, and many other counties care only for a few demented cases. The time is ripe for the radical change from county to State care. At a recent meeting of the Medical and Chirurgical Faculty of Maryland, the plan of State care was most heartily endorsed, and a committee appointed to draft a suitable bill to be presented to the next Legislature.

One of the foremost authorities on the care of the insane, Professor Kraepelin, of Heidelberg, Germany, says: "Among the many achievements in the field of philanthropy of which our country may be justly proud, the advances made in the care of the insane certainly deserve a foremost place. This great development would not have been possible had it not been for the increased appreciation of the fundamental fact that the effects of mental disturbance are by no means confined to the afflicted persons alone, but that the incidence of insanity is a matter of public interest affecting the well-being of each member of the community." The importance of this subject being admitted, it is manifestly the duty of every citizen to interest himself in the best method of caring for this ever-increasing and most unfortunate class. There is no form of sickness which falls with such terrible weight upon the family of the unfortunate victim as does insanity. Foolishly enough, people still feel that a certain stigma rests upon them if a member of the family becomes insane. Then, while in most cases of chronic illness, it is possible to keep the invalid at home, in case of mental disease this is generally impossible.

The expense of maintaining a chronic insane case at a private asylum is very considerable, and only at the command of those in affluent circumstances. There can scarcely be any doubt of the fact that the State should assume the duty of the care of the insane. As this has been pointed out in our State, the county asylums and almshouses cannot properly care for the insane. The superintendents and physicians have had no training in this difficult task, and the equipment of these institutions is in every instance inadequate. It is doubtful whether, under State care, with

a centralized system, the cost would be any greater than under the present system. While apparently the State does not contribute anything to the support of the dependent insane, a moment's consideration will show that this is not the case. The per capita rate charged city or county patients is \$150 a year, while the actual cost is not below \$200. Thus it will be seen that the State contributes about one-fourth of the cost of maintenance of the patients in State institutions. It is certain that the unfortunate insane would be vastly better cared for, and that a much higher percentage would recover. The day cannot be very far distant when Maryland will be obliged to follow the example set by so many other States and adopt the plan of State care for the insane.

We already have a magnificent plant at Springfield, and the thing to do is to erect a sufficient number of buildings to accommodate all the chronic insane. Then, with some enlargement, perhaps, of Spring Grove, all the acute cases could be cared for at this excellent institution.

We would thus have an ideal system, which would tax our people little more than at present, and would permit the carrying out of modern and humanitarian methods of treatment. Let us hope that our people will at once recognize the importance of this suggestion and urge the next Legislature to adopt it.

THE CARE OF IDIOTIC AND DEMENTED CASES.

In the States in which State care prevails, this class of cases has always given a certain amount of trouble. They do not need the care and attention that is bestowed upon acute cases of insanity, nor do they need the close supervision necessary in the case of chronic, but disturbed patients. When this State has estab-

lished a complete system of State care, these cases will be provided for in the colony, or farm system. Pending this, the following suggestions from previous reports may be quoted :

“In regard to the care of the demented and idiotic cases, nothing can be added to the last annual report.

“A large proportion of the chronic insane, after a certain number of years, pass into a condition of dementia, and for the remainder of their days drag out a sort of vegetable existence. They need no restraint, but must be fed and attended as children. Now, it is not necessary that these patients be allowed to encumber the State hospitals. There is no reason why this class should not remain in the county institutions, provided the almshouse is properly managed and the inmates suitably cared for. As a matter of fact, such cases are a distinct burden to the hospitals for the insane, and occupy room that is needed for cases of acute insanity, or chronic cases that require careful supervision. In the neighboring State of Virginia, for example, where State control prevails, the class of cases mentioned above is a distinct embarrassment to the State hospitals. In regard to the care of such cases in this State, the only question is, whether the county almshouses are sufficiently well equipped and managed. There is no doubt of the fact that most of our almshouses are in very bad repair, and are not properly furnished. The superintendent has charge of the farm, which, in many instances, is a large one, and he is rarely provided with an assistant. As a result of this system the patients are almost entirely without any proper supervision. The cause of this state of affairs is the utterly inadequate appropriation made by the counties for the support of the pauper insane. It is next to impossible

to obtain a suitable man to properly supervise the patients in an almshouse and manage a farm on a salary of a few hundred dollars. A far better plan would be for several counties to combine and build and equip a suitable almshouse and employ a competent man, with a matron and one or more assistants. Under this arrangement suitable persons might be secured, and such an institution would be properly equipped and managed, and the individual cost would probably be less than under the present system. With a large farm, it would cost little more to support one hundred patients than fifty. In a collection of one hundred or more patients, there would probably be enough able-bodied men to work the farm without the necessity of hiring farm labor. As far as location is concerned, there would be no great difficulty in the plan proposed. Very few of the almshouses ever receive acute medical cases, and the class of patients that are received could easily be taken to an institution, conveniently situated, with reference to the three or four counties that would enter into the combination. Each county, of course, must pay its pro rata, and it is certain that under this plan the institutions would be vastly better than they are at present, and the cost of maintenance would probably be less than under the present system. This suggestion is certainly worthy of careful consideration.

“An ideal plan would be for the State to build and equip a certain number of almshouses—say one on the Eastern Shore, one on the Western Shore, one in Western Maryland, and one in Baltimore City. The management ought to be under State control. If we consider the thousands of acres and the number of superintendents now used for the care of the paupers and demented cases, it will be seen that a concentra-

tion of this class of unfortunates would be both more economical and humanitarian."

DUTY OF THE STATE TO INEBRIATES.

When we consider the amount of crime, the great number of diseases and the innumerable accidents due to inebriety, it is worth while for the State to take cognizance of the measures which might be proposed for the relief of this condition.

For years the Lunacy Commission has called attention to this subject, but public attention has never been in the least aroused. To quote from former reports: "The law relating to inebriates is, unfortunately, about the same as the law governing the commitment of the pauper insane. If the inebriate belongs to a respectable family, the relations, as the Secretary of this Commission has had ample opportunity to observe, have great reluctance to carry the case into open Court. Unquestionably, the law should be so modified as to allow the case to be tried by a judge in chambers, and thus avoid publicity. The accused person could have his witnesses and lawyer, and at the same time avoid a publicity, which is very undesirable."

Nothing can be added to the last report on this subject. That alcoholism has been increasing during the past decade there can be no doubt. As to the relation of alcoholism and insanity, the statement of Prof. Kraepelin, of Heidelberg, Germany, one of the highest authorities in the world on this subject, may be quoted: "It is well known that in the asylums for the insane in the German Empire, 10 per cent. of the patients have been committed on account of mental diseases due to alcohol. In some institutions the number is as high as 30 per cent., and even then these

figures do not include numerous cases in which alcohol has been an exciting, but not the primary cause for the trouble in cases of mania, epilepsy and paresis. In 1898, in the Heidelberg clinic, the alcoholics formed more than 13 per cent. of the total number of patients—in the men's ward alone the percentage being 25. When we consider that experience teaches that about a third of the living children of alcoholic parents suffer from epilepsy, and that, according to Bournville, more than one-half of the idiotic children have alcoholic parents, it is readily seen that there is sufficient reason for the State to take up the consideration of the alcohol question, even if so much misery was not caused in many other directions by this poison."

In addition to the alcohol inebriates must be considered the growing use of opium, chloral and other drugs. The unfortunates who have become addicted to the use of these drugs are in a hopeless condition unless strenuous measures be applied for their relief. Recent enactments by the Legislature of this State make it possible for such persons to be committed for a period, under the jurisdiction of our courts, and it would work great good if this provision of the law was oftener availed of.

It is perfectly feasible to have at Springfield a colony of inebriates, committed for a definite period, who could be recommitted on the first offense after leaving the colony. An incalculable amount of good might be accomplished by this system.

NEGRO INSANE.

There can be no question of the fact that insanity is rapidly increasing among the negroes. This fact has been recognized in most of the distinctly Southern States, and hospitals for the negro insane have been

established. In this State there is the most inadequate provision for this class. We recognize the fact that the sentiment of our people in a measure is opposed to the mingling of the races. We are in a measure obliged to keep the white and colored insane in different wards. Therefore, it would be a wise policy to establish an asylum exclusively for the colored insane. This would relieve the embarrassment of the other State institutions, and would be a very proper step.

As the condition now exists, no negro patients are received at Springfield, and very few at Spring Grove. Montevue asylum at Frederick takes a considerable number, but the conditions there are not just what they should be. Unquestionably, this State should have a hospital devoted exclusively to the colored insane. There are between four and five hundred colored insane in the State, confined mostly in almshouses. The criticisms of the almshouses, as can be seen in the detailed statements is mostly in regard to the inadequate provision for the negroes. It is to be hoped that this statement will enforce the argument for State care.

THE CRIMINAL INSANE.

The following report may be made from the last report:

"There is a steady increase of the insane among the criminal classes, and every year the Lunacy Commission removes a considerable number of convicts from the penitentiary and the jails to institutions for the insane. It is manifestly improper to allow this class to mingle with the non-criminal class. Moreover, there is an added responsibility in caring for the criminal insane, since they cannot be allowed the

same amount of liberty as the non-criminals, for fear of their escape as they begin to convalesce. As was suggested in a former report, the State should either purchase the Montevue Hospital at Frederick, which in some respects, would answer very well, or erect at Springfield a group of buildings for this class."

The escape of an insane criminal recently, an account of which has been given in another part of this report, emphasizes most emphatically the above suggestions. Most unwarrantable criticism was bestowed upon the officials of the institution and the Lunacy Commission by persons entirely ignorant of the existing conditions. One writer in the daily press went so far as to say that there was no such class as "criminal insane." This term, while somewhat inexact, includes those who are acquitted of crime by reason of insanity, and also criminals who have become insane. As has been pointed out above, this class should be kept apart from the other insane, and in addition require a much more rigid supervision. As long as the State makes no provision for this class, escapes will occur whether the person be an offender against the law by reason of insanity, or becomes insane after the commission of a criminal act, in either case he must be regarded as diseased, and cared for accordingly.

INSANE IN JAILS.

The Commission has earnestly endeavored to prevent the detention of the insane in jails. Of course, in the counties it is often impossible to do anything else with violent cases, pending arrangements to send them to asylums. Cases of insanity occurring in the Baltimore City Jail and the Maryland Penitentiary are promptly reported to the Commission and are removed at once. In the counties such cases are usually

removed, but not always. The Secretary recently sent letters to every State's Attorney in the State, and the replies, which were very creditably prompt, showed that there were seven insane persons in jail. Three of these were simply awaiting transfer to some asylum. Two were in the Montgomery County Jail, and the State's Attorney for the county says that while "they are harmless and give no trouble, the jail is not the proper place for them, of course."

The most remarkable cases in the State, and perhaps in any State, are two men in the jail in Cecil County. According to the evidence furnished the Secretary, one man has been in this jail more than thirty years, and the other twelve years or more. In reply to a letter the State's Attorney says: "They are perfectly contented where they are, and have been the subject of inquiry and investigation by your Commission on several occasions, and have been suffered to remain in our jail, and would be very unhappy if they were taken elsewhere."

From the personal investigation by the Secretary of these cases, the above statement is perfectly correct, but the practice of keeping insane persons in a county jail is certainly most reprehensible.

EPILEPTICS.

It is a humiliating admission to make that this State makes no provision for its epileptics. The number of these unfortunates approximates that of the insane, and yet they must be kept at home except where the parents can afford to send them to private institutions. Clearly, almshouses and insane asylums are not suitable places for persons who are perfectly rational, but who are liable to have attacks at more or less frequent intervals. The Secretary sees often

pitiable instances where an epileptic child interferes with the whole domestic economy of a family, and yet the cost of private care is too great to be thought of, and there is no provision by the State for such cases. Something must be done, and that speedily, for this class. In the report of two years ago it was said: There is no class in this community more deserving of sympathy than those unfortunates afflicted with epilepsy. Epileptic children are not allowed to go to school if they have attacks during school hours. It is impossible for such children to obtain employment, since upon the first attack they are dismissed. Hence, it is imperative upon the State to assume charge of this class, or at least of the indigent individuals belonging to it. At present there is absolutely no place in the State where indigent epileptics can be sent. The Maryland Training School is intended for feeble minded and in no sense for epileptics, and of course, epileptics cannot be sent to one of the State hospitals for the insane unless they show distinct evidences of mental alienation. The Silver Cross Home has made a start in the right direction, but this institution is very small and without adequate means.

The plan of colonizing the epileptics, which has been in successful operation for many years in Germany, has been inaugurated in many of our States and has proved of inestimable benefit to this unfortunate and helpless class. Such colonies can be made, as experience has shown, largely self-supporting, since the great majority of the patients are able to work and can be taught trades.

What a splendid opportunity is here afforded for some philanthropist to aid a most afflicted class. While the endowment of a chair in some great uni-

versity might attract the praise of men, how infinitely more good would result to suffering humanity by providing a home for this most unfortunate class.

DETENTION HOSPITAL FOR THE INSANE.

Every general hospital in Baltimore must be constantly confronted with the problem: "What must we do with the insane cases that are almost daily brought to us?" It is a common occurrence to have insane cases simply dropped upon the general hospitals, and the serious responsibility of commitment left with them. The City of Baltimore is remiss in this matter. There should be special physicians appointed as "Examiners in Lunacy," as is done in most of our larger cities, whose duty it should be to examine and commit, if necessary, such cases. This important matter should not be left to police or vaccine physicians. The commitment of a person to an asylum is a serious matter, and should receive proper consideration from those competent to judge. A proper solution of the matter would be to establish a detention hospital for suspected cases of insanity, at one of our general hospitals. The cost could be slight and the amount of good would be incalculable. Almost daily there occurs in this city cases that are questionable cases of insanity. Such cases should be under careful and scientific observation, and properly disposed of. As to the importance of this subject I quote from the highest authority, perhaps, in this country, Dr. Frederick Peterson, President of the New York State Commission in Lunacy:

"Twenty-three years ago I was a resident physician in a general hospital in a city of perhaps 200,000 inhabitants. The nearest asylum for the insane was 200 miles away. As a consequence, acute cases of

insanity had to be placed in police stations or in the general hospital pending arrangements for their removal to an asylum. On inquiry you will find that in nearly all the cities and towns of this country at the present day the acutely insane receive their first therapeutic ministrations, such as they are, in a jail or station house. In some cities a general hospital is made use of to a certain extent. For instance, during my residence in the general hospital mentioned, an average of two or three mental cases per month was received, the majority of which were there cared for and treated for a few days or weeks, and discharged, recovered or improved, while a small number were transferred to the asylum. We had, however, no special provision for these cases, and they had to be taken into the wards or private rooms together with all other classes of patients. If we had had a separate pavilion we might easily have received all the mental cases of the city without the intermediary of the jail, and immediate medical care and nursing, so important in early cases of insanity, could have been supplied for as long a time as was judicious previous to a possible transfer to an asylum.

“We have emergency hospitals for broken bones or acute fevers, but when the most important organ of the body—the brain—becomes affected with an acute disease, the emergency hospital is the jail.

“This deplorable condition of affairs has lead to a steadily increasing agitation of the subject of emergency hospitals for the insane. It is an axiom among physicians versed in psychiatry that early diagnosis and speedy treatment are of paramount importance in nearly all acute cases of insanity. Surely nothing could be worse for a delirious mind than the sight of police officials and prison walls. I advocate, there-

fore, as the fundamental basis of a system of care for the insane the establishment in all large towns and cities of emergency pavilions or independent hospitals for the reception of the insane. These need not be isolated special hospitals. Two small wards in a general hospital, or a pavilion in connection therewith, will suffice for the early treatment and humane care of the insane in the large towns. In cities of considerable size, say with a population of 100,000 or more, provision should be made for the insane in independent psychopathic hospitals. The hospital for the acute insane should be located in the most populous portion of the city in order to afford convenient and speedy access from every quarter. The same rules that guide us in selecting a site for a general or emergency hospital should aid us here. Since the acutely insane are usually put to bed or restricted to single rooms or wards, situation in the heart of the city is of no greater disadvantage to this than to other hospitals.

“The psychopathic hospital should have much the same administrative arrangements as any general hospital. There should be a medical superintendent with experience in the care of the insane, and a staff of internes, together with a corps of consulting physicians representing the various specialties of medical and surgical practice. All the nurses should be graduates of asylum training-schools. An out-door department, or dispensary, should form a part of the organization, in order that cases of incipient insanity may be seen at the earliest possible moment. Such a plant as this would afford abundant opportunity for the medical schools to conduct clinics and provide medical men with a knowledge of psychiatry before they go into practice. It is probably not familiar to you that little or no in-

struction in insanity is given in the majority of the medical schools in this country. A general diffusion of knowledge of the methods of diagnosis and treatment of the insane would be achieved through the instrumentality of the psychopathic hospital, and early attention ensure more frequently than is now the case to these unfortunates.

"The laws relating to the insane should be so changed that patients could be admitted as emergency cases for a period of perhaps ten days. Due regard *must be paid to the preservation of personal rights*, but legislators have seemed too often to regard the insane as malefactors or delinquents, and too seldom as sufferers from serious illness, requiring immediate nursing and medical attention.

"From the standpoint of humanity, and from that of economy, we should establish these reception pavilions, or psychopathic hospitals, wherever there is sufficient population to warrant it. Let it be remembered that the acute cases are those which will always require our greatest care and attention, and the largest per capita cost for construction and maintenance. This is true economy, for it has been estimated that each patient not cured becomes an ultimate cost to the State of \$6,000."

LUNACY LAWS.

During the past year much criticism has appeared in the public press concerning the laws relating to the insane. In one notable case a man who had committed a murder and was adjudged insane escaped, almost certainly by means of outside assistance, from one of our State hospitals. The hospital, the Superintendent of the institution, the Lunacy Commission, all were

most severely criticised by "Veritas," "Constant Reader," and "Old Subscriber." The facts of the case were that the man was adjudged insane by a jury of the Criminal Court of Baltimore City, and committed by the judge to the asylum. After some months a writ of habeas corpus was sued out, and the court of Baltimore County refused to release him, holding that he was still insane. A few months later he escaped, most probably with the aid of outside persons. The blame could in no way attach to the institution. The Superintendent, in his treatment of cases, very properly allowed this man to be out of doors with the other patients. He would not have escaped if he had not been aided from the outside. The meager State appropriation does not provide enough money to permit a sufficient number of attendants to watch patients who are liable to be aided in their escape. No provision is made for the criminal insane, and as long as these persons are cared for with the other insane, escapes will necessarily occur. In connection with this case, a most unnecessary criticism was made upon expert medical testimony. Any intelligent person will see that it is only in doubtful cases that the question of insanity will be seriously raised, and there necessarily exists, in such cases, ground for differences of opinion. It is for the jury to decide, after hearing both lay and expert testimony, where the trouble lies. A carefully prepared bill, designed to regulate expert testimony, was submitted to a recent General Assembly and promptly rejected. Within the last few weeks the escape of a patient from an asylum has been made the subject of newspaper comment, and the lunacy laws severely criticized. One writer expressed great indignation that such lax laws should be on our statute books; that it was possible to have a person committed to an asylum

merely on the certificate of two physicians. It does not seem to be generally known that a revision of our obsolete and antiquated lunacy laws was offered to the Legislature of 1899. This law was most carefully drawn, after consideration of the most modern legislation of our own and other countries, was approved by most of the judges of the Baltimore bench, many of our leading lawyers, the Medical and Chirurgical Faculty of Maryland, and other societies, and yet this bill did not get through the judiciary committee. Complaint is made that the Lunacy Commission does not do this and that, but under the old law the Commission has the most limited powers; in fact, merely advisory. Under such circumstances it is very evident that the trouble is in the indifference of the citizens of the State in regard to the welfare of the insane. The laws are sadly in need of revision, and yet, so far, it has not been possible to have any proper revision adopted by the Legislature. It is most sincerely hoped that in this, as in other matters relating to the insane, a hearty public interest may be aroused, and that the necessary legislation may be thus made possible.

THE WORK OF THE COMMISSION.

A number of cases in asylums have been investigated during the year, and also cases in the jail and penitentiary. The correspondence with persons confined in institutions has been very large, and really warrants the employment of a regular clerical assistant. Under an Act of the Legislature, inmates of institutions for the insane are allowed to correspond with the Lunacy Commission. This right is fully exercised, and a large number of letters are received, many of which are so clearly indicative of insanity

on the part of the writer, that no serious consideration need be taken of them. Still the Secretary feels that they all should be answered.

Every year adds its emphasis to the fact, so often reiterated, that the powers of the Commission should be broadened, to make it an active, working, useful body. It has been stated in previous reports that the Lunacy Commission is merely an advisory board with practically no power to act. Unquestionably its sphere should be widened, and it should have greater authority. It should have practical jurisdiction over all the insane in the State, under law, and should be empowered to remove cases, at its discretion, from one institution to another. It should also have the right to discharge cases that in its judgment are improperly committed and held, without recourse to processes of law. While it has power to grant licenses for the establishment of private institutions for the care and treatment of the insane, it should have the right, which it does not now enjoy, to revoke a license when in its judgment the superintendent of an institution is incompetent or derelict in his duty. If these powers were granted, the Lunacy Commission might become an active, and not merely a passive body, as it is at present.

The most unfortunate of our dependent classes, the insane, who cannot act or speak for themselves, should surely be represented by a board invested with certain actual powers, so that it could act promptly and authoritatively in all matters relating to their behalf.

MARYLAND HOSPITAL FOR THE INSANE.

(SPRING GROVE.)

This institution is in every way admirably adapted to the care of the acute insane. It would be far better and more economical to adhere as strictly as possible to the rule of sending the acute insane to the Maryland Hospital and the chronic cases to Springfield. It is gratifying to note that the much needed fire-escapes, one for the male and one for the female department have been erected. The Superintendent estimates that the entire building can be emptied of its inmates within ten minutes. One of the distinguished features of this institution is the attention which is paid to the occupation and entertainment of the patients. Nothing contributes more to the mental health and well being of insane persons than does occupation. The industrial shops for men are admirably managed, and much excellent work is turned out. It is very imperative that similar shops should be erected for women. In this connection it is well to reiterate the advisability of adding to the area of this institution. In the last report the Treasurer of the Board says: "The statement for the past year of our farm and garden account shows that the receipts from these sources have amounted to \$21,028.69, as compared with \$17,218.50, for the year ending October 31, 1901, which is an increase over the previous year \$3,810.19. The great productiveness of our farm and garden not only proves conclusively, but sustains the contention of this Board made to the General Assemblies of 1900 and 1902, and also to the Board of State Aid and Charities that under our present methods and management an increase in farming lands would not only handsomely repay the Institution on the original cost of such lands, but would

furnish more ground for the recreation and employment of the inmates, which at the present time is sorely needed."

Another crying need is for isolation wards for tuberculous patients. It is most unfortunate that the non-tubercular patients must be exposed to the danger of infection. The Superintendent speaks strongly on this point. "Tuberculosis, as usual, caused the largest share of the deaths during the year. I have, as in previous years, deplored the alarming prevalence of this disease in the hospital, and regret that the tendency seems to be towards the increase rather than diminishing. Fortunately, a large number of those dying from the disease are the chronic forms of insanity, yet it occasionally happens that an acute case becomes infected with the disease.

"The inability to properly isolate the tubercular patients, their careless habits in disposing of their expectoration, tends to disseminate the germ, consequently, in the lessened resisting power of the insane makes them easy prey to the disease.

"The only remedy for this increasing mortality would be the erection of an infirmary cottage close to the main building, where the tubercular patients of both sexes could be isolated and get full benefit of the open air treatment, which is now employed so successfully in combating this disease."

The management of this institution is in every way most excellent. The patients are well cared for, are kept occupied and amused, and the scientific work is carefully done.

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OFFICERS OF THE HOSPITAL

J. PERCY WADE, M. D.,.....*Medical Superintendent.*
R. EDWARD GARRETT, M. D., JESSE C. COGGINS, M. D.
Assistant Physicians.

ROBERT P. WINTERODE, M. D.,.....*Pathologist.*
COOPER R. DREWRY, M. D., MATTHEW CONLIN, M. D.
Clinical Assistants.

SPRINGFIELD STATE HOSPITAL

This institution continues its good work of caring for the chronic insane. Of course, the percentage of cures cannot be as great as that of hospitals where only acute and sub-acute cases are received, and this fact should be borne in mind. It is no less the duty of the State to care for the chronic than the acute cases. Springfield, with its splendid farm and good equipment, is peculiarly fitted to take care of this chronic class, and is doing good work. It is of course a little discouraging to the medical staff to have only chronic cases, patients that have arrived at the hopeless stage, but they must be cared for, and certainly their lives are rendered as comfortable as possible at this excellent institution. The last report of the Superintendent states that "of the one hundred and fifty-seven admitted, one hundred and sixteen can be classed as belonging to incurable forms of insanity; in fact, 'Springfield' has been filled largely with this

class of patients, many of whom have been insane from ten to thirty years before being transferred here. This has been unavoidable, as we have been compelled to receive all cases sent to us. All the other charitable institutions in the State being filled, the chronic and undesirable cases have been brought here, so it seems that 'Springfield' has had 'open doors' in more ways than one. No case, however aged, feeble or undesirable, with but one exception, and this a noted criminal case, has been denied admission at 'Springfield.' "

It is satisfactory to note that, considering the class of patients, the death rate is as low as it is, and it speaks well for the judicious care of the medical staff. That the "open door" plan is a success may be seen from the statement that the escapes are fewer in number than any year since the opening of the hospital, having been but six, although the hospital has largely increased in population. This speaks well for the untiring watchfulness and increased efficiency of our officers and attendants; that four hundred and twenty-eight patients of all classes of insanity from mania to dementia can be cared for without locks, bars, padded rooms, straight jackets or any mechanical restraint whatever, and yet have but six escapes, show a great advance over the old regime. In the last report of this Institution is to be found an interesting account of the daily routine of the patient's life, which may be quoted. "Inasmuch as our annual reports are not restricted in their circulation among those officially connected with other hospitals of the country, and in order that the general practitioner and layman may know something of the life that is lived daily at our Institution, it might not be amiss to give a day's routine.

First. In the early morning our patients are awakened by the bugle's reveille, blown at 5.30 during the spring and summer months, and at 6 the rest of the year, at which hour the attendants go on duty, and patients and attendants begin their day. The hour following is a busy one for all parties, as the patients must be ready and lined up, two by two, awaiting the breakfast call, that comes promptly fifty-five minutes after rising. It makes a busy hour for the attendants, as the feeble and untidy must be washed and dressed; fortunately they are often assisted by the stronger and more sensible patients. At the sound of the bugle they march to the dining room, the patients from "A" cottage coming first, then "B" followed by "C." After breakfast, which consumes about one-half hour, the patients march back again to their respective cottages in like order as they came.

Now comes another busy time, as nearly all of our able-bodied patients are employed and must get ready for their various avocations. Those who work out of doors are taken to the basement, where slippers are changed for shoes or boots, overalls and jumpers are put on to protect their clothing, and go out in squads of ten or twelve under the charge of an attendant, who gives a list of the names of the patients under his care to the charge attendant of the cottage. This generally takes about one-half hour. Those who do not go out to work remain in the cottage and assist in the ward work, making beds, sweeping and polishing floors, etc., while a certain number go to the kitchen, dining-room, tailor's shop and laundry.

At ten o'clock the various cottages must be in order for the visits of the physicians. From this time until 11.30 the patients who remain in the cottages rest. At

11.30 the patients return from work, change their shoes and boots for slippers, wash their faces and hands, and get in line for the dinner call. Promptly at five minutes of twelve the bugle is sounded, and the patients march to dinner, returning a half hour later to the cottages, in like manner as at breakfast.

After a short rest, those who work out start again, and continue their respective employments. Patients who remain in the wards, being too feeble or too dull to perform manual labor, are taken for a walk by the attendants, and in the summer spend much time in the shade of the groves. At five o'clock during the fall and winter, and 5.30 during the other months, the patients return from work, or walk, as the case may be, making the same change in their toilets for supper that they made for dinner, and are on hand with clean faces and brushed hair, awaiting the bugle call.

After supper the patients indulge in games, cards, pool and music until 8 o'clock. At 8.30 the tattoo is sounded, the inmates of the several cottages ascend to the dormitory floor. Then comes one of the busiest scenes of the day, getting ready for bed. At this time the day attendants go off duty, leaving the dormitories to night attendants, and at 9 "taps" is sounded, and all unnecessary light is extinguished.

After such a day as this, the average patient goes to sleep, awaking in the morning refreshed with this mode of living.

Such, in a general way, is the character of the routine of the hospital life of our patients. In order to carry out the programme, a great deal of detail work is required."

An important work was begun during the past year in the organization of a training school for nurses. It is satisfactory to note the interest taken

in providing occupation for the patients; in the men's group 66.47 per cent. were employed, and in the women's group 45.20. The improvements carried out during the past year were a gateway erected, the bridge across the stream finished, trees planted along driveway, driveway stoned throughout, gutters completed to woman's group, large roller purchased, driveway has been rolled, two rooms have been completed at the women's group, screens placed in windows and doors, the granolithic floors at men's group repaired, a refrigerator placed in basement, ice house built, three tents erected for summer use, transformer placed, terrace at women's group graded and sodded, tennis court made, shrubbery and hedges planted, floors in service building of both groups dressed with liquid granite, several rooms at men's group and two rooms at Mansion painted, connecting corridors at men's group painted, furniture at men's group varnished, rain spouts at men's group connected with drain pipes, industrial shop and hot houses commenced, etc.

OFFICERS OF THE HOSPITAL.

JOSEPH CLEMENT CLARK, M. D.,.....*Superintendent.*
J. N. MORRIS, M.D., CHARLES J. CAREY, M. D.,
MARY A. WATERS, M. D., JESSIE M. THORNTON, M. D.,
Assistant Physicians.

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Ex-officio : Governor, Comptroller and Treasurer.

BAY VIEW ASYLUM.

It is gratifying to note that the over-crowded condition at this institution has been greatly relieved during the past year by the transfer of a number of patients to Springfield. More acute cases than usual have been cared for, and the results of treatment have been very satisfactory.

The Superintendent reports that more than one-half of the patients have been usefully employed during the year, and the contemplated purchase of additional land will give further opportunity for the employment of the patients. It has been possible this year to improve the dietary in the insane department. As has been said in former reports, it is unfortunate that the City Insane Asylum and the City Almshouse are under the same management. The stigma which attaches to the almshouse extends to the asylum, which would not be the case if they were disassociated. It is to be hoped that before many years State care will prevail, and then one of the buildings now used for the insane could be utilized as a detention hospital, where suspected mental cases could be kept temporarily. The general management of this Institution is excellent, and the medical work is of a high order.

Superintendent—REV. L. F. ZINKHAM.

Visiting Physician—H. J. BERKELEY, M. D.

Resident Physician—H. D. PURDUM, M. D.

The direction of this institution is under the control of the Board of Corrections and Charities.

THE MARYLAND ASYLUM AND TRAINING SCHOOL FOR FEEBLE-MINDED.

This institution continues to do good work. Every year the Secretary notes increased interest in the work. The new buildings will add greatly to its usefulness. When the people of this State come to the

realization of the excellent work done here and the great need of greater accommodations, they will surely urge the claims of the institution upon the Legislature. The fact that there are between two and three hundred feeble-minded children upon the waiting list is a most eloquent appeal for State aid. It must be borne in mind that this is really the only institution for the mentally diseased that is entirely dependent upon State care.

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RESIDENT OFFICERS.

DR. FRANK W. KEATING.....	<i>Superintendent.</i>
DR. W. H. H. CAMPBELL.....	<i>Attending Physician.</i>
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MISS MARY H. BROWN, MISS CONSTANCE KEECH,	
MRS. CONSTANCE WAY,	
<i>Teachers,</i>	

THE SHEPPARD AND ENOCH PRATT HOSPITAL.

The past year has seen the work at this most admirable institution grow in excellence and in scientific value. The hospital staff consists of a physician-in-chief and medical superintendent, two assistant physicians, one in charge of the men's division and one in charge of the women's division and three clinical assistants, who are appointed for temporary service and a director of the laboratory, who is not a resident, but who visits the hospital at least three times weekly, spending several hours, visiting not only the laboratory but the wards. The careful and scientific nature of the examination of patients can be seen from the following schedule, which is in operation; upon the admission of a patient, one of the assistant physicians and a clinical assistant is assigned to obtain the history of the case. Notes are taken of the statements made by those accompanying the patient and of the patient also, if the patient is in a condition to give any coherent narration of present or past symptoms. The patient is then sent to the ward and put to bed, and a careful physical examination is made by at least two of the physicians. This comprises not only examination such as would be made in an ordinary case of illness, but a general neurological examination, a study of the reflexes, of the motor and psycho-motor reactions, and then a careful examination is made of the patient's appreciation of questions that are asked, patient's ability to do certain mental tasks, the patient's ability to recognize surroundings, or in other words to orient himself both as to place and time, and all the data obtained in this way are carefully recorded. Examination is also made of the blood and secretions,

which examination is made from time to time as the circumstances of the case seem to require. The Superintendent states that during the year a large number of patients from the State have been admitted to the hospital as free cases or at very low rates, as many indeed as the means at the disposal of the trustees would permit. No cases, which from the history given to the medical superintendent have seemed to present a favorable outlook, either for improvement or recovery have been declined. It is, of course, difficult from the somewhat imperfect history of the cases given to decide in the numerous cases that apply here, but the trustees have always requested the medical superintendent if there is any question to give the benefit of the doubt to the patient.

Medical Superintendent—EDWARD N. BRUSH,
M. D.

Assistant Physicians—CHARLES M. FRANKLIN,
AND WILLIAM R. DUNTON, M. D.

Director of Laboratory—STEWART PATON, M. D.

Clinical Assistant—CLARENCE B. FARRAR, M.D.

MOUNT HOPE RETREAT.

Evidence of progress is to be noted at this large Institution. The Secretary has suggested in several previous reports that the medical staff should be enlarged. It is gratifying to note that the staff has been increased since the last report. Another improvement is the introduction of calisthenics. The patients are divided into classes and given systematic

training. New cement walks have been laid during the past year, and an electric light plant installed.

Superintendent—CHARLES G. HILL, M. D.

Visiting Physicians—DRS. FLANNERY, BURKE,
BROOKS AND HILL.

FONT HILL PRIVATE INSTITUTION FOR NERVOUS AND MENTALLY DEFICIENT CHILDREN.

This well conducted institution continues to do most excellent work. During the past year basket weaving has been introduced, and a special teacher gives instruction in drawing and manual training.

Superintendent—SAMUEL J. FORT, M. D.

THE RICHARD GUNDRY HOME.

A number of important improvements have been made at this excellent sanitarium during the past year. An electric light plant has been installed, which is more comfortable and much safer than gas, and new low pressure boilers have been put in, which heat the buildings most satisfactorily. The back porch has been enclosed in glass and is used as a sun parlor and recreation room. An important addition are the fire escapes, five of which have been added, and a system of ventilators has been put in the roof. Many of the rooms have been painted and hard wood floors put in, and new bath rooms added.

Superintendent—RICHARD F. GUNDRY, M. D.

Assistant Resident Physician—W. R. WHITE, M. D.

CONRAD SANITARIUM.

The former first assistant of this private sanitarium, Dr. Bradley, has had charge during the past year.

It is expected shortly that the institution will pass into new hands and be extensively remodeled.

THE RIGGS COTTAGE FOR THE TREATMENT OF MENTAL AND NERVOUS DISEASES.

This quiet and pleasant little cottage receives a few cases of mild mental disease. It is well located and well managed.

Superintendent—GEORGE H. RIGGS, M. D.

THE GUNDRY SANITARIUM.

During the past year an addition has been made to this most excellent sanitarium. The cottage is connected to the main building by a covered way. It consists of three living floors, a basement and sub-basement. The first floor is divided into two sitting rooms and a glass enclosed porch. The second and third floors are devoted to sleeping rooms, bath rooms &c. The building is very bright and cheerful. It is heated by hot water. Only female patients are received in this sanitarium, and the surroundings are most homelike and attractive.

Superintendent—ALFRED T. GUNDRY, M. D.

BELLEVUE ASYLUM.

(WASHINGTON COUNTY.)

This institution is both an asylum for the insane and an almshouse, a combination never to be desired. At the last visit of the Secretary it was found to be in admirable condition. The buildings were in good repair, well furnished and clean, and the whole air of the institution commendable. It is one of the best institutions of its class in the State. There were a few

patients that should be removed to a hospital for the insane. Present on November 30, 1902, 35 patients.

Superintendent—DAVID R. HAGER.

Visiting Physician—W. B. MORRISON, M. D.

CHERRY HILL.

(CECIL COUNTY.)

This institution is well conducted and is always neat and clean. The patients have been given far more occupation this year than usual, since the scarcity of coal compelled the cutting and hauling of a large quantity of wood. As a result, the Superintendent reports that he has never had so little trouble with his patients, and that the general health of the institution was never so good. This, needless to say, is an excellent object lesson in favor of occupation for this class of patients. It is unfortunate that the building is so small that there is little done in the way of occupation or entertainment during the winter months. There should be two assistants added to the force. It is impossible to depend upon the inmates for any regular work. On November 30, 1902, there were 30 patients in the asylum.

Superintendent—A. T. ABERNATHY.

Visiting Physician—P. B. HOUSEKEEPER, M. D.

MONTEVUE ASYLUM.

(FREDERICK COUNTY.)

What was said in the last report concerning this institution may be reiterated here, since the conditions remain practically unchanged.

This institution ranks next in importance to the State hospitals. It receives not only the insane from its own county, but also cares for insane from many

other counties of the State. The accommodations for negro patients offered by the State are so utterly inadequate that Montevue has been utilized largely for this purpose. The buildings, while not constructed according to modern ideas, are clean and fairly well furnished, although the general equipment of the institution is distinctly below what it should be. The bathing facilities, for example, are inadequate. As to the question of occupation, one of the most important factors in the treatment of the insane, no improvement is to be noted. An institution which harbors from 130 to 140 patients yearly should endeavor to stand abreast of the modern ideas and provide occupation and recreation for its patients. Workshops should be provided and the patients should be employed in farm work. This, of course, requires a certain amount of money and the employment of more assistants, but if the trustees accept as many patients as they do, they should endeavor to provide the same facilities that are furnished at our State institutions, since the patients pay the same pro rata. The only logical conclusion to be drawn from these facts is, that Montevue should either improve its equipment and provide more attendants, or only receive patients from its own county. The day has fortunately passed when custodial care alone is demanded for the insane. No criticism can be passed upon the management of the institution. The trustees, superintendent and physician are most conscientious and diligent in the performance of their duties, and are heartily interested in their work, but there is not sufficient money forthcoming from the county to equip and conduct this large hospital in accordance with modern ideas. The purely custodial idea is very humanely carried out in this asylum, but certainly something more is demanded in this twentieth century.

During the past year a slight fire occurred in this institution, but owing to energetic action no persons were injured. Number present on November 30 was 111.

Superintendent—OSCAR D. CULLEN.

Visiting Physician—S. S. MAYNARD, M. D.

SYLVAN RETREAT.

(ALLEGANY COUNTY.)

Little can be added to former reports on this institution. Under the circumstances the best is done that can be done. The patients are well cared for, but according to modern ideas of the management of the insane, this is far from being adequate. Little or no attention is paid to employment or occupation. As a matter of fact, no county can, or at least in our State will, properly equip and man an institution of a capacity of 100 insane patients. There can be no doubt of the fact that these patients would have a much better chance of recovery if they were placed in one of our State hospitals and treated according to modern ideas. There were, on November 30, 93 patients in this asylum.

Superintendent—ARTHUR W. JENKINS.

Visiting Physician—W. F. TWIGG, M. D.

ALLEGANY COUNTY ALMSHOUSE.

This institution is distinct from the asylum, though situated only a short distance from it. While the buildings are old, they are clean and well kept. There are a few cases coming under the Lunacy Act, feeble-minded and demented.

ANNE ARUNDEL COUNTY ALMSHOUSE.

This almshouse is well managed, and the patients properly looked after. No distinctly insane cases are

received, or, if they happen to be sent to the institution, are promptly removed. The number present on November 30 was 19.

Superintendent—OLIVER PERRY.

Visiting Physician—JOHN COLLISON, M. D.

BALTIMORE COUNTY ALMSHOUSE.

This large and well-equipped almshouse is always in good condition when visited by the Secretary. As has been said in previous reports, there are usually cases here that should be in an asylum for the insane. The number of cases coming under the Lunacy act, was, on November 30—22.

Superintendent—E. CLINTON TRACEY.

Visiting Physician—THOMAS C. BUSSEY, M. D.

CAROLINE COUNTY ALMSHOUSE.

No improvements are to be noted in this almshouse. The building for the white patients is fairly well furnished, but was not as clean as it should be when last visited by the Secretary. The cabin for the colored patients is a disgrace to the county. In one rather small room were found seven persons—five women and two men—all of whom slept there. Most of these patients were feeble-minded, and there was no person to supervise them. Certainly such a condition of affairs should not be tolerated. This almshouse is a strong argument in favor of State care. There were present at the last visit of the Secretary 5 insane or feeble-minded.

Superintendent—S. T. MORRIS.

Visiting Physician—DR. MANSHIP.

CARROLL COUNTY ALMSHOUSE.

This almshouse is unfit for paupers, not to speak of insane. The buildings are old, out of repair and

inadequately furnished. It must be said that the place was decidedly cleaner at the last visit of the Secretary than at any previous inspection. The number present on November 30, was 9.

Superintendent—E. B. HANN.

Visiting Physician—J. MATHIAS, M. D.

CECIL COUNTY ALMSHOUSE.

This almshouse has always been found in good condition, and the inmates seem contented and well cared for. It is contiguous to the asylum, and demented and harmless cases can be readily transferred from the latter institution. There were present on November 30, 1902—38.

Superintendent—C. W. MOODY.

Visiting Physician—P. B. HOUSEKEEPER, M. D.

DORCHESTER COUNTY ALMSHOUSE.

As has been noted in the last report, this almshouse is an excellent place for demented and other cases that need no special supervision. Custodial care can be very well carried out here. The building is new and very comfortable, and the institution is located on a large and well managed farm. The Superintendent should be allowed an assistant, since it is requiring too much of him to be responsible for the farm work and the care of the patients. There are rarely any cases in this almshouse that require removal. Present on November 30—11.

Superintendent—A. B. LECOMPTE.

Visiting Physician—R. J. PRICE, M. D.

HARFORD COUNTY ALMSHOUSE.

This almshouse was in better condition at the last visit of the Secretary, than at any previous inspec-

tions. Everything was in good repair and clean. The only criticism to be made is that the negro quarters might be improved upon. Present on November 30—10.

Superintendent—NOAH SMALL.

Visiting Physician—A. F. VANBIBBER, M. D.

KENT COUNTY ALMSHOUSE.

This almshouse is not a suitable place for the care of insane persons. While the patients are well cared for, the buildings are inadequate. Present on November 30—28.

Superintendent—WILLIAM FORD.

Visiting Physician—CHARLES WHALAND, M. D.

MONTGOMERY COUNTY ALMSHOUSE.

This almshouse has always been found in good condition. The rooms are fairly well furnished and clean, and the inmates seem to be well cared for. There are rarely ever any cases that need removal to hospitals for the insane. Present on November 30—25.

Superintendent—LEONIDAS RICKETTS.

Visiting Physician—EDWARD ANDERSON, M. D.

PRINCE GEORGE'S COUNTY ALMSHOUSE.

Nothing need be added to the previous reports concerning this almshouse. It is by no means a suitable place for the care of insane patients. There are usually cases at this almshouse that would be much better off in an asylum for the insane. There were present on November 30—4.

Superintendent—SAMUEL B. BEALL.

Visiting Physician—JOHN L. WARING, M. D.

QUEEN ANNE'S COUNTY ALMSHOUSE.

The conditions at this almshouse were distinctly better at the last inspection of the Secretary than they were last year. The place was clean and well ventilated. No improvements have been made to the buildings for the colored patients, which are much dilapidated and poorly furnished. Taking the institution as a whole, it is not a suitable place in which to care for distinctly insane cases. On November 30, 1902, there were 7 inmates who were insane or feeble-minded.

Superintendent—WILLIAM E. JESTER.

Visiting Physician—JAMES HOLTON, M. D.

SOMERSET COUNTY ALMSHOUSE.

This almshouse was visited and commented on by Dr. Wainwright, a member of the commission. The new building is in general satisfactory, but the patients are not given any employment, and should be kept out of doors far more. This is, of course, the crying need in all our county almshouses and asylums. There were at the time of the commissioner's visit, two cases that should be removed to one of our hospitals for the insane. The number present on November 30 was 17.

Superintendent—S. J. PRICHETT.

Visiting Physician—M. W. GOLDSBOROUGH.

TALBOT COUNTY ALMSHOUSE.

This almshouse is always found in good condition, clean and well furnished. There are rarely any cases that require removal to an asylum. The number of insane or feeble-minded present on November 30 was —.

Superintendent—J. DE GRUCHY.

Visiting Physician—J. A. JOHNSON, M. D.

WORCESTER COUNTY ALMSHOUSE.

Nothing may be added to former reports of this almshouse. It is well managed, and the Secretary has never found any cases that demanded asylum treatment. The number present on November 30 was 15.

Superintendent—GEORGE W. JARMAN.

Visiting Physician—PAUL JONES, M. D.

WICOMICO COUNTY ALMSHOUSE.

This almshouse has always been found in good condition and cares only for such insane cases as do not require hospital treatment. The number present on November 30 was 12.

Superintendent—HENRY J. SEABREASE.

Visiting Physician—WM. H. H. DASHIELL, M. D.

TABLE No. 1.

Showing the Statistics of the State and City Hospitals for the Insane and Feeble-Minded.

HOSPITALS.	Remaining Nov. 30, 1901.					Admitted from Nov. 30, 1901, to Nov. 30, 1902.					Showing the Condition of Patients Discharged from November 30, 1901, to November 30, 1902.					Remaining Nov. 30, 1902.				
	White.		Colored.		Total.	White.		Colored.		Total.	Recovered. Improved. Unimproved. Died. Total.					White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.											
Maryland Hospital for the Insane (Spring Grove).	253	211	33	33	530	51	47	7	8	113	15	12	17	47	91	254	220	32	24	530
Second Hospital for the Insane (Springfield)....	237	133	.....	.....	370	55	68	.....	.....	123	16	11	.....	26	53	255	181	.....	.....	436
Bay View Asylum	61	156	64	88	369	74	59	31	39	203	28	87	47	42	204	67	138	58	105	368
Maryland Asylum and Training School for the Feeble-Minded	52	43	.....	.....	95	19	4	.....	.....	23	8	7	1	2	18	63	46	.....	.....	109
Totals	603	543	97	121	1364	199	178	88	47	462	67	117	65	117	366	639	585	90	129	1443

TABLE No. 2.

Showing the Statistics of the Private and Corporate Institutions for the Insane.

INSTITUTIONS.	Remaining Nov. 30, 1901.			Admitted from Nov. 30, 1901 to Nov. 30, 1902.			Showing the Condition of Patients Discharged from November 30, 1901, to November 30, 1902.					Remaining Nov. 30, 1902.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mount Hope Retreat.....	243	350	593	82	107	189	64	35	4	61	164	244	374	618
Sheppard and Enoch Pratt Hospital.....	51	47	98	52	69	121	25	40	31	9	105	43	55	98
Richard Gundry Home.....	12	16	28	63	27	90	14	57	3	8	82	16	20	36
The Gundry Sanitarium.....		16	16	....	35	35	13	7	1	2	23	....	23	23
Conrad's Sanitarium.....	3	5	8	2	2	4	3	....	....	1	4	3	5	8
Rigg's Cottage.....	1	1	2	1	4	5	3	....	1	....	4	1	2	3
Font Hill Training School.....	16	7	23	2	....	2	...	2	3	....	5	14	5	19
Totals	326	442	768	202	244	446	122	141	43	81	387	321	484	805

TABLE No. 3.

Showing the Statistics of the County Asylums for the Insane.

ASYLUMS.	Remaining Nov. 30, 1901.					Admitted from Nov. 30, 1901, to Nov. 30, 1902.					Showing the Condition of Patients Discharged from November 30, 1901, to November 30, 1902.					Remaining Nov. 30, 1902.				
	White.		Colored.		Total.	White.		Colored.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.			
Montevue (Frederick County).....	36	42	37	38	153	10	5	7	4	26	7	2	....	10	19	32	19	27	33	111
Sylvan Retreat (Alleghany County).....	40	49	....	4	93	11	7	1	1	20	1	6	....	12	19	41	48	1	3	93
Cherry Hill (Cecil County).....	21	6	4	....	31	3	2	....	....	5	3	10	....	1	14	13	10	4	3	30
Bellevue (Washington County).....	15	20	4	....	39	2	1	....	1	4	....	....	36	4	40	14	18	2	1	35
Totals.....	112	117	45	42	316	26	15	8	6	55	11	18	36	27	92	100	95	34	40	269

TABLE No. 4.

Showing the Statistics of the County Almshouses in Which Insane are Kept.

COUNTY ALMSHOUSES.	Remaining Nov. 30, 1901.					Admitted from Nov. 30, 1901, to Nov. 30, 1902.					Showing the Condition of Patients Discharged from November 30, 1901, to November 30, 1902.					Remaining Nov. 30, 1902.					
	White.		Colored.		Total.	White.		Colored.		Total.	Showing the Condition of Patients Discharged from November 30, 1901, to November 30, 1902.					White.		Colored.		Total.	
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Male.		Female.
Allegany	7	7	...	...	14	4	5	...	...	9	...	...	9	...	9	4	5	...	...	9
Anne Arundel.....	4	4	5	2	15	3	...	6	7	16	...	6	7	6	19	5	3	6	5	19	
Baltimore.....	7	2	4	4	17	2	...	...	1	3	...	...	...	1	1	11	3	4	4	22
Caroline .....	...	2	1	2	5	...	...	...	...	...	...	...	...	...	...	...	2	1	2	5
Carroll	4	3	1	1	9	8	10	3	2	23	1	1	...	4	6	21	18	4	2	45	
Cecil	16	9	5	3	33	...	...	...	...	...	...	...	...	...	...	25	6	7	...	38
Dorchester	3	3	4	3	13	2	1	...	...	3	3	...	...	2	5	4	3	2	2	11
Harford	3	2	2	4	11	4	1	...	...	5	...	...	2	...	2	2	2	2	4	10
Kent.....	9	4	13	9	35	8	3	8	4	23	4	...	...	13	17	6	4	9	9	28
Montgomery.....	2	2	2	3	9	4	1	1	...	6	...	...	...	4	4	10	3	8	4	25
Prince George's	2	...	2	3	7	1	...	...	...	1	...	...	...	2	2	1	1	2	...	4
Queen Anne's	4	4	5	3	16	2	1	1	3	7	...	1	5	...	6	2	1	1	3	7	
Somerset	2	1	4	10	17	...	...	...	...	...	...	...	...	...	...	2	1	4	10	17
Talbot	1	1	...	1	3	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3
Wicomico.....	2	1	1	2	6	...	...	...	...	...	...	...	4	...	4	4	2	2	4	12
Worcester.....	6	5	1	2	14	1	...	1	...	2	3	...	...	1	4	8	4	1	2	15
Totals.....	72	50	50	52	224	39	22	20	17	98	11	8	27	33	79	106	59	53	52	270	

TABLE No. 5.

Showing the Statistics of the Colored Insane.

(These figures are given in detail in the preceding Tables.)

INSTITUTIONS.	Remaining Nov. 30, 1901.	Admitted from Nov. 30, 1901, to Nov. 30, 1902.	Remaining Nov. 30, 1902.
State and City Hospitals for the Insane.....	218	85	219
County Asylums.....	87	14	74
County Almshouses.....	102	37	105
Total....	407	136	398

TABLE No. 6.

*Total Number of Insane in the State. Comparison Between the
Years 1901 and 1902.*

YEARS.	Admitted.	Discharged or Died.	Remaining Nov. 30, 1902.
1901	906	830	2672
1902	1061	924	2787